STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

S.D. SEC. OF STATE

L PRINT PLANTAGE AND A SECOND PRINTED AND A SECOND			
1. TITLE OF NEWSPAPER Mobridge Tribune		^{2. DATE} 10/1/19	
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS 52			3B. ANNUAL SUBSCRIPTION PRICE \$ 45.00
4. COMPLETE MAILING AD	DRESS OF KNOWN OFFICE O	F PUBLICATION (Street	et, City, County, State and ZIP+4 Code)
		e, SD 57601	
5. COMPLETE MAILING AD	DRESS OF THE HEADQUART	ERS OR GENERAL BU	SINESS OFFICES OF THE
PUBLISHER (Not printers)	1413 E Grand Crossing	Mobridge, SD 57	7601 Walworth County
6. FULL NAME OF PUBLISH	IER: Kelsey Maj	eske	
addresses of stockholders on names and addresses of the i and address, as well as that of	viling or holding 1 percent or more	of total amount of stock f owned by a partnership	te back of this form the names and to If not owned by a corporation, the to or other unincorporated firm, its name TETE MAILING ADDRESS
Mobridge Pub	olishing, Inc 14	13 E Grand Cros	ssing Mobridge, SD 57601
 KNOWN BONDHOLDE PERCENT OR MORE OF T state. If more space is needed First Northern Bank o 	RS, MORTGAGES, AND OTHER OTAL AMOUNT OF BONDS, M d, list on back of this form.	R SECURITY HOLDER MORTGAGES OR OTH	
		AVERAGE NO. CO	C2 - 10.7 C4 - 00. C - 074000075-02001
9. EXTENT AND NATURE O	OF CIRCULATION	EACH ISSUED PRECEDIN MONTHS	ISSUED
A.TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		2146	2125
 B.PAID AND/OR REQUESTED CIRCULATION Sales through dealers and carriers, street vendors, and counter sales. 		638	780
Mail Subscription (Paid and or requested)		301	311
3. Paid Electronic Copies			
		1061	922
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)		2000	2013
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS		10	10
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		22	3
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		2032	2026
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing		66	64
2. Return from News Agents		48	35
G.TOTAL (Sum of E, F) and F2 - Should equal total shown in A.)		2146	2125
Statement must be signed I swear that the stateme	by Publisher, Business Mana nts made by me are true, c	ger, or Owner in the	presence of a Notary Public
Xelsen Mi	auske	Publi 8	1101
(Signature)		(Title)	
State of South Dakota) .	Sworn to before me th	nis 1 day of August , 20 19
\$ \$		aiden nelson	
County of Vvalworth	- harris	•	Notary Public
(Seal)	RDEN NELSON	My commission expir	es: August 1 , 2025

Notary Public

Form: SOS REC 051 9/2